

AUTHORIZATION FOR SAFETY GLASSES (Health & Safety Manual Section 10.07)

Complete this form and call extension 2-5190 for an appointment

Date
Nov 5, 2002

Name (Last, First, MI)	Emp#	Age	L-Code	Bldg	Extension	Pager	Cost Acct #
Job Title		Department/Division/Program					
Employment Status (check one)	<input type="checkbox"/> Permanent <input type="checkbox"/> Summer	<input type="checkbox"/> Consultant <input type="checkbox"/> Contract	Supervisor Name (Type or Print)				Extension
Resource Manager (type or print)		Extension					

Job Exposure (Check all that apply)							
<input type="checkbox"/> Impact	<input type="checkbox"/> Bright Light	<input type="checkbox"/> Infrared	<input type="checkbox"/> Glassblowing				
<input type="checkbox"/> Chemical	<input type="checkbox"/> Ultraviolet	<input type="checkbox"/> Welding/Soldering	<input type="checkbox"/> Other _____				
Hours exposed per week	Do you wear contact lenses? <input type="checkbox"/> No <input type="checkbox"/> Yes	Contact Lens Type <input type="checkbox"/> Hard <input type="checkbox"/> Soft	Have you been previously issued LLNL glasses? <input type="checkbox"/> No <input type="checkbox"/> Yes	Date of most recent eye exam _____			

Prescriptions more than one year old WILL NOT be accepted. Replacement glasses and lenses will not be issued on expired prescriptions or on prescriptions that are more than two years old.

Reason for replacement or repair			
<input type="checkbox"/> Scratched lenses	<input type="checkbox"/> Broken frame	<input type="checkbox"/> Lost	
<input type="checkbox"/> New prescription	<input type="checkbox"/> Broken lenses	<input type="checkbox"/> Other _____	
Does this employee work on exposed, energized electrical equipment >50V?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Other Glasses Requested <input type="checkbox"/> Sun <input type="checkbox"/> Computer	(Approx Progressive Lens Add'l Cost) <input type="checkbox"/> Progressive Lenses \$60.00

***Complete the LLNL Ergonomics Program Vision Questionnaire (available from a Safety Engineer or Ergonomic Evaluator) and take it to your eye exam. Your doctor will write the prescription on the questionnaire. Then bring the questionnaire and this form to the Safety Glasses Office.**

Request for Safety Glasses require the following signatures	Supervisor Approval (print or type)	Cost Account Approval (print or type)	Computer Glasses Approval
	Supervisor Approval (signature)	Cost Account Approval (signature)	Industrial Safety Engineer or Ergonomic Evaluator

Special Glasses

All requests for safety glasses other than those designated above, require Industrial Safety Engineer approval.

Check type of lenses required:	<input type="checkbox"/> Welding Calobar	<input type="checkbox"/> Didymium	<input type="checkbox"/> Other (specify below) _____
	<input type="checkbox"/> Laser	<input type="checkbox"/> Respirator	_____
Industrial Safety Engineer Approval			

An authorization sheet is not required for personal safety glasses that are purchased. Call the Safety Glasses Office for an appointment. Payment by check or money order only is required on the day of the order. NO CASH PLEASE.

SAFETY GLASSES OFFICE USE ONLY

Date Safety Glasses Ordered	Ordered By	Eye Size																			
		<input type="checkbox"/> 44	<input type="checkbox"/> 45	<input type="checkbox"/> 46	<input type="checkbox"/> 47	<input type="checkbox"/> 48	<input type="checkbox"/> 49	<input type="checkbox"/> 50	<input type="checkbox"/> 51	<input type="checkbox"/> 52		<input type="checkbox"/> 53	<input type="checkbox"/> 54	<input type="checkbox"/> 55	<input type="checkbox"/> 56	<input type="checkbox"/> 57	<input type="checkbox"/> 58	<input type="checkbox"/> 59	<input type="checkbox"/> 60	<input type="checkbox"/> 61	
Bridge Size		<input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26											Lens Color								
													<input type="checkbox"/> Clear	<input type="checkbox"/> Cal	<input type="checkbox"/> Pink	<input type="checkbox"/> Gray					
Cat Number		Temple Sizes																			
		<input type="checkbox"/> 125 <input type="checkbox"/> 130 <input type="checkbox"/> 135 <input type="checkbox"/> 140 <input type="checkbox"/> 145 <input type="checkbox"/> 150 <input type="checkbox"/> Other <input type="checkbox"/> 5-1/4 <input type="checkbox"/> 5-1/2 <input type="checkbox"/> 5-3/4 <input type="checkbox"/> 6 <input type="checkbox"/> 6-1/4 <input type="checkbox"/> 6-1/2 <input type="checkbox"/> 6-3/4 <input type="checkbox"/> 7																			
Special																					